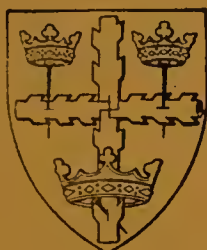


44 (77) (1)

BOROUGH OF



COLCHESTER



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

JOHN D. KERSHAW

M.D., B.S., London ; M.R.C.S., England :
M.R.C.P., London, D.P.H.

MEDICAL OFFICER OF HEALTH

PORT MEDICAL OFFICER

DIVISIONAL SCHOOL MEDICAL OFFICER

AREA MEDICAL OFFICER

CONSULTANT IN INFECTIOUS DISEASES

MYLAND HOSPITAL, COLCHESTER



1964

BOROUGH OF



COLCHESTER

BOROUGH AND PORT HEALTH COMMITTEE, 1964

THE RIGHT WORSHIPFUL THE MAYOR

COUNCILLOR R. A. HARRISON (to May)

ALDERMAN W. H. WILLINGHAM (from May)

Chairman :

ALDERMAN C. E. CHILD

Deputy-Chairman :

COUNCILLOR BRIGADIER D. F. PANTON, C.B.E.

Members :

ALDERMAN I. T. BROWN

ALDERMAN W. C. LEE

COUNCILLOR K. G. COOKE (from July)

COUNCILLOR R. J. FOULKES

COUNCILLOR MRS. A. M. SMITH

COUNCILLOR T. A. TOBIN (to June)

COUNCILLOR J. R. WHEELER

THE HEALTH DEPARTMENT, 1964

PART-TIME STAFF

Medical Officer of Health, etc. :

JOHN D. KERSHAW, M.D., M.R.C.P., D.P.H.

Assistant Medical Officers :

R. E. BARRETT, M.B., B.S., D.T.M.&H., D.P.H. (LOND).

ANN B. CLARK, M.R.C.S., L.R.C.P.

Public Analyst:

D. G. FORBES, B.SC., F.R.I.C.

WHOLE-TIME STAFF

Senior Public Health Inspector :

†* L. H. ENGLAND

Deputy Senior Public Health Inspector :

†* O. R. WARNER

Additional Public Health Inspectors:

†* C. J. JACOBI †* E. R. SWIFT

†* P. CUTTS †* J. E. JOHNSTONE (to 19-4-64)

†* M. S. CANDLER (from 10-8-64)

† Public Health Inspector's Certificate.

* Meat Inspector's Certificate.

Clerks :

R. D. SARGEANT, A.C.C.S. (to 30-4-64)

F. H. SMITH (from 25-6-64)

L. G. NICHOLLS

D. R. McQUIGGAN

I. M. QUANTRELL (from 6-4-64)

Disinfector:

A. E. CUDMORE

Rodent Operators:

A. J. SMITH

R. C. THWAITES

Telephone No.
Colchester 5101, Extns. 8 and 73
(Night Line 73107)
Health Delegated Services
Colchester 6251

HEALTH DEPARTMENT,
TRINITY STREET,
COLCHESTER.
17th November, 1965.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present to you my Annual Report for the year 1964.

Vital Statistics

These are much the same as in the previous year and present a generally satisfying picture. The birth rate, slightly higher than the national average, is a little lower than in 1963. The infant mortality rate has risen slightly, but the increase represents only two more deaths than in 1963. The death rate, at 10.54, is lower than in 1963 and, once again, below the national average. There were no maternal deaths, as against one in the previous year. The number of illegitimate births rose by 12 to 84; this increase is, it would seem, part of a national pattern and though our increase was a little higher than the average our illegitimate birth rate is still below the national figure.

Infectious Diseases

The total number of cases of infectious disease notified fell to 624, as against 1,783 in 1963. The fall was chiefly due to a reduction in the incidence of measles; we had a considerable epidemic in the winter of 1963-64, with most of the cases occurring before the end of the old year and only the latter part of the epidemic falling in the new year, so that 1,551 notifications in 1963 fell to a total of 341 in 1964.

Infectious hepatitis showed a rise to 94 cases, which appears to be the highest number of notifications ever recorded in the Borough in one year. To some extent the rise is, I am sure, due to greater awareness on the part of local doctors. The disease is notifiable only in certain parts of the country and from time to time we have to remind doctors new to Essex that this is so. In my capacity of Consultant in Infectious Diseases I am always liable to meet un-notified as well as notified cases of various diseases and I have felt for a long time that some cases of this particular infection were not being notified. Equally, I am quite certain that in 1964 there was a true increase in incidence, both in Colchester and in the surrounding area. The disease is rarely dangerous, unless it affects a person who already suffers from certain other types of disease or disability, but it can produce a long and debilitating illness so that it is by no means to be dismissed lightly. Fortunately, however, it is not so highly infective as some of the more prevalent conditions.

Services for the Elderly

The long-awaited Day Centre in Church Lane opened on 21st July and was an immediate success. The situation is convenient and the premises have lent themselves to adaptation rather better than we expected and look really attractive. The kitchen facilities are limited, as I commented last year, and the centre began by serving light snacks only but has been able to go on to the provision of something rather more substantial. The local authority has agreed to take responsibility for the heavy cleaning, etc. but the general running of the centre is in the hands of volunteers who are undoubtedly doing a very good job of work indeed.

The demand for meals on wheels continues and, indeed, increases. In the latter part of the year there were some difficulties over transport, which has always presented a problem, and these held up the acceptance of an offer from Severalls Hospital to provide meals for persons in the northern part of the Borough. An improvement in the position should make it possible to take advantage of this offer during 1965.

The opening of Elfreda House, the first block of old people's flatlets, was an outstanding event of the year. The flatlets have proved as popular as was expected and, probably thanks to the care which was taken in selecting applicants in the very beginning, there have been far fewer "teething troubles" than might have been expected. Elderly people need time to get accustomed to the life at rather close quarters which is involved and if we had taken in too many infirm residents for a start the problem of coping with their domestic needs could have presented difficulties. In fact, with the help of tactful, willing staff and the right spirit among the residents, neither personal relationships nor domestic chores have notably caused difficulty or produced friction.

The real testing time will come later. We cannot go on selecting only those applicants who are likely to be the easiest to accept. It is the essential purpose of these flatlets that they shall provide accommodation for people in special need who could not be adequately housed elsewhere but who are still capable of some independence and should not have to enter hostels. I believe that once the flatlets have settled down into something of a community they will be able to accept a certain number of residents who have problems and are in various ways a little "difficult", and that these newcomers will be genuinely helped by living in a neighbourly block.

Food Hygiene in Shops

I regret having to return to this topic, which bids fair to become a regular feature of my annual reports, but it still causes my colleagues and myself a good deal of concern. It is perfectly clear that the shops mean well and the public health inspectors are well received when they offer advice. The advice is, I am sure, taken

with the intention that it will be followed but something seems to go wrong in the process of putting it into practice.

The cooked meats department of a large shop in the town centre, in an attempt to cut down the handling of meats, arranged for them to be sliced outside the shop and weighed out on to pieces of paper. They were then placed behind a glass screen on the counter, the idea being that the assistant who was serving would pick up the little piles of slices with a scoop so that they need not be touched by hand in the shop. Unfortunately, the height of the piles and their arrangement on the counter was such that an assistant serving customers in a hurry would have to use her fingers to steady the slices on the scoop, while, for real speed, fingers were quicker than a scoop every time ! Lack of practice with scoops and tongs, especially in confectioners' shops, makes for slow handling and cakes which drop out of the tongs are, naturally, picked up by hand. I have not myself recently seen bread or cakes which have fallen on the floor picked up and returned to the display shelf, but I have certainly seen them retrieved by feats of juggling or picked up from not over-clean counters and shelves. And as for the hygiene of hands, I would repeat what I said some years ago, that hands which take in money can become extremely dirty in a very short time.

During recent months the Health Committee has had several cases reported of pies, cakes, etc. which have been found by a customer to be mouldy or tainted. We usually discover on investigation that the defective article has been in stock for a number of days. New batches have been taken in and put on to the display shelves without the old stock having been removed, so that old and new become mixed. In this way a pastry can be five days old or a wrapped cake two or three weeks old before sale. There is no valid excuse for this kind of thing. The few shops that make their own confectionery should have no difficulty at all, while in those which buy from a wholesaler or receive from a wholesale department of their own firm the date-coding on the wholesale packing ought to prevent confusion. True, coding systems could be improved and codes made clearer, but a simple following of the principle "when the new comes in the old goes out" is the best answer, provided that the old goes out to a place where it is not likely to be confused with the new. Careful ordering could make sure that this is done with a minimum of waste, though there are some firms which are prepared to dispose of large stocks of materials which are still quite wholesome in order to ensure that there shall be no risk at all. Even in the small shop, however, a little wastage is better than the bad publicity which can follow a prosecution.

Noise

Noise is one of the biggest new problems of modern public health and the passing of the Noise Abatement Act of 1960 was an important landmark in that it gave to all local authorities the powers which had previously been available to only a few authorities through

local Acts of Parliament. Passing an Act is one thing, but putting it into force is quite another and it would be an exaggeration to say that the new law has had much effect in Colchester. In recent years the Department has tried, with some success, to reduce industrial noise, but our powers are restricted in that if a noise is produced in the course of a trade or business we can only require the maker to show that "the best practicable means" have been used to prevent it and reduce its effect; if those means do not cure the noise we cannot go any further.

But just as domestic coal fires cause more smoke nuisance than industrial furnaces, so it is noise produced by private individuals that causes most noise nuisance. Furthermore, dirt in the air is dirt and can be measured as dirt, while noise, unfortunately is much harder to specify and measure; indeed it may be said that one person's noise is another person's music. Dirt in the air can produce obvious physical illness; noise produces its effects indirectly by disturbing sleep, rest and relaxation and adding to nervous tension. Noise, unlike polluted air, is not a killer but merely something which slowly undermines health and happiness. Nevertheless, something ought to be done about it.

We ought, for example, to be doing something about traffic noise. How people living on main roads sleep at all—unless they shut their windows, wear earplugs and take sleeping tablets—is something of a mystery. It may be possible to get used to the steady buzz and rumble of continuing traffic but the sudden ear-splitting roar of a motor-cycle can cut through the buzz like a knife. It is notorious that the silencing of motor-cycles and sports cars could be improved but that a good many owners of these vehicles prefer them noisy and quite deliberately use them in a way which increases the noise they produce. This type of stupid childishness ought not to be tolerated.

The newest noise nuisance producer is, of course, the transistor radio set. I would defend to the last the individual's right to listen to whatever sort of music he likes, but he has no right to compel other people to listen to it if they do not want to. And I cannot understand why people find it necessary to walk through the streets with a radio playing loudly. They cannot possibly be listening to it seriously; is it that the continuous sound of "pop" music comforts these overgrown children much as a rattle comforts a baby? Most transistor sets are now supplied complete with earpieces and those who use them in public places would do the public a service by using them. The time is clearly coming when bye-laws will have to be made to govern this private noise-making, but the really shocking thing is that bye-laws need even be considered. The roaring sports car, the machine-gun motor-cycle sound, the transistor set in the public place and the over-loud radio or T.V. by the open window are just manifestations of sheer, selfish lack of consideration for others and disregard of the prime decencies of community living.

General

This report would be incomplete without some reference to the retirement of Mr. R. D. Sargeant. He entered the department as a junior in 1918 and rose to the position of chief clerk, in which post he served for 41 years. Before the transfer of the personal health services to the County Council in 1948 he was, of course, in charge of the administration of these but he preferred, at the time of transfer, to remain with the Borough services, then reduced to environmental health only, rather than to transfer to the County service. His loyal, steady and reliable help to my predecessor, Dr. Corfield, and myself has been beyond price and as a newcomer I found his accumulated knowledge of local health matters over the years invaluable. His versatility was also an asset; in addition to his administrative work he was an able technician in charge of the department's laboratory which until the rise of the national Public Health Laboratory Service in recent years, did much useful work. We all regret his departure and wish him a long and happy retirement.

The year has seen a continuance of the happy co-operation with many individuals and organizations which makes our work both easier and more effective. Contact on all levels with other local authority departments continues to be close and our good relations with a number of outside bodies, statutory and voluntary, have been maintained to mutual advantage. Our major difficulties, as in previous years, have derived from two main sources, our inadequate accommodation and the irrevocable tendency of the amount of work to increase considerably faster than the number of staff available to do it.

With luck, the first of these problems will be solved within eighteen months or so with the opening of the new premises. The second, alas, may be with us for some time. On the environmental side we precariously maintain our bare present establishment of public health inspectors, accepting the fact that good newcomers cannot be expected to stay with us long before seeking advancement somewhere else, so that our staff is constantly changing. Already in this field we are feeling the impact of the new legislation on office and similar premises, with its extra work, and meat inspection too, promises to demand more of the time of highly skilled professional staff. In the personal health services, while luckier than many places in the recruitment of home nurses and health visitors, we have no margin for emergencies and I mention in various places in this report the shortages of specialized professional staff. Our clerical and administrative establishment has not yet been fully reviewed to take account of the impact of delegation; I hope that action on this will be taken in 1965-66.

Meanwhile the present staff, who have ample reason to complain, get on with the job and stifle their grouses. I have nothing but admiration for the way in which they never grudge time and effort,

realizing that some person's happiness or well-being may depend on their willingness to do that little more at a "wrong" time. We are also glad to know that we have the sympathy and understanding of the Borough and Port Health Committee. If our present difficulties had been within the control of its members they would long since have been eliminated.

I remain, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

JOHN D. KERSHAW,

Medical Officer of Health, etc.

Report of the Medical Officer of Health for the year 1964

A Report as directed by Circular 1/65 of the Ministry of Health

STATISTICAL SUMMARY

Population (R.G. Estimate) with Military (at 30/6/64)	68,290
(Census 1961, 65,080)	
Total dwellings: Occupied 19,825, Vacant 406	20,231 (Census)
Area	12,037 acres
Rateable Value (1/4/64)	£2,552,796
Product of a penny rate	£10,550
Birth Rate (1,199 legitimate births, 84 illegitimate)	
(Corrected)	18·79
(Crude)	18·97
„ „ England and Wales	18·4
Illegitimate Birth Rate per 1,000 live births ..	65·5
England and Wales.. .. .	72·0
Stillbirths (24) Rate per thousand live and stillbirths	16·1
England and Wales	16·3
Infantile mortality rate per 1,000 related live births—	
Legitimate (20 deaths), 16·7. Illegitimate (9 deaths), 107·1. Total (29 deaths)	22·6
Infantile Mortality Rate, England and Wales ..	21·1
Neonatal Death Rate (23 deaths)	17·9
Neonatal Death Rate, England and Wales ..	13·8
Death Rate per 1,000 of the population (Corrected)	10·54
(Crude)	11·98
„ „ England and Wales	11·3
Percentage of total deaths occurring in Public Institutions	58·4
Women dying in, or in consequence of, childbirth	Nil
Pulmonary Tuberculosis Death Rate	0·01
Other Tuberculosis Diseases Death Rate	0·01
Cancer Death Rate	2·24

DEATHS OF CIVILIAN RESIDENTS, 1964

<i>Cause of Death.</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Respiratory Tuberculosis	—	1	1
Whooping Cough	1	—	1
Syphilitic Disease	—	1	1
Cancer, Stomach	12	13	25
„ Lung, Bronchus	24	4	28
„ Breast	—	13	13
„ Uterus	—	4	4
„ Other sites and Lymphatic ..	49	30	79
Leukaemia	3	1	4
Other infective and parasitic diseases ..	1	1	2
Diabetes	3	4	7
Vascular Lesions, Nervous System ..	43	99	142
Coronary Disease, Angina	113	77	190
Hypertension with Heart Disease.. ..	2	10	12
Other Heart Disease	30	39	69
Other Circulatory Disease	12	22	34
Influenza	—	1	1
Pneumonia	26	30	56
Bronchitis	20	8	28
Other Respiratory Diseases	7	4	11
Ulcer of Stomach and Duodenum ..	7	3	10
Gastritis, Enteritis and Diarrhoea ..	2	—	2
Nephritis and Nephrosis	1	1	2
Hyperplasia of Prostate	3	—	3
Congenital Malformations	4	3	7
Other defined diseases	26	33	59
Motor Vehicle Accidents	6	4	10
All other Accidents.. .. .	5	4	9
Suicide	5	3	8
	405	413	818
Deaths Registered in Borough		1,296	
Residents' deaths Registered outside Borough		64	
		1,360	
Deduct non-residents transferred out		542	
No. allocated to Colchester		818	

1964. DEATHS OF COLCHESTER RESIDENTS OVER 70 YEARS OF AGE

	Aged 70 and under 80	Aged 80 and under 90	Aged 90 and over	Total
Male	107	51	9	167
Female	119	118	30	267
Total	226	169	39	434

Eight persons were aged 90, eight aged 91, eight aged 92, five aged 93, four aged 94, two aged 95, two aged 96 and two aged 98.

1964. DEATHS IN AGE AND SEX GROUP SUMMARY

	Under 4 weeks	4 weeks and under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75 and over	Total
Male	12	4	6	2	5	5	9	28	89	121	124	405
Female	11	2	2	4	2	1	10	16	43	95	227	413
	23	6	8	6	7	6	19	44	132	216	351	818

LABORATORY, 1964

Specimen and Examination.	Positive.	Negative.	Total.
Urine, abnormalities	9	442	451

Two samples of well water were submitted to the Counties' Public Health Laboratory for chemical analysis. The result of both was regarded as showing a wholesome water of a high standard.

Examinations by the Public Health Laboratory Service (Ipswich) of drinking water numbered 16 Bacteriological (15 satisfactory and 1 unsatisfactory).

NURSING HOMES

General and surgical beds available are 14.

There are two Homes registered in the Borough.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES

Notifiable Diseases (other than Tuberculosis) during the
Year 1964

(Civilian and Military Cases)

Disease	Total Cases Notified	Total Cases in Age Groups												Cases admitted to Hospital
		Under 1 Year	1	2	3	4	5-9	10-14	15-19	20-34	35-44	45-64	65 and Over	
Measles	341	7	39	45	46	42	157	3	1	1	—	—	—	2
Malaria	1	—	—	—	—	—	—	—	—	1	—	—	—	1
Pneumonia ..	15	—	—	—	1	—	2	—	1	2	2	6	1	—
Dysentery ..	36	2	2	2	1	5	7	1	—	10	2	2	2	13
Puerperal														
Pyrexia	9	—	—	—	—	—	—	—	1	8	—	—	—	—
Erysipelas ..	4	—	—	—	—	—	—	—	—	—	1	1	2	1
Scarlet Fever ..	26	—	—	1	1	5	19	—	—	—	—	—	—	—
Infectious														
Hepatitis ..	94	—	—	1	2	1	35	15	11	14	13	1	1	11
Whooping Cough	96	8	1	8	12	19	42	3	—	1	1	1	—	1
Acute														
Encephalitis	1	—	—	—	—	—	—	—	—	—	1	—	—	1
Meningitis	1	—	—	—	—	—	—	—	—	1	—	—	—	1
Totals ..	624	17	42	57	63	72	262	22	14	38	20	11	6	31

Deaths from notified diseases: Nil.

Deaths from unnotified diseases: Pneumonia 34. Whooping Cough 1.
 Syphilitic Disease 1.

Total deaths from infectious diseases: 36.

Percentage of cases treated in Hospital: 5.0 per cent.

Measles:	Pre-school children	..	..	..	179
	Schoolchildren	..	..	..	160
	Adults	..	..	..	2
					<u>341</u>

Cases (included above) relating to Servicemen and their families in Military Married Quarters or in civilian lodgings—94.

During the year 54 patients were admitted to the Infectious Diseases Unit at Myland Hospital as actual or suspected cases of infectious disease. The final diagnoses were as follows:

Gastro-enteritis	3	Pneumonia	2
Chickenpox	11	Tonsillitis	2
Sonne Dysentery	5	Salmonella Dysentery ..	1
Mumps and Encephalitis ..	3	Virus Meningitis	2
Feeding problem or neglect	1	Brucellosis	1
Measles	1	Impetigo	1
Diarrhoea and Vomiting ..	1	Glandular Fever	2
Quinsey	1	Poliomyelitis	1
Erysipelas	1	Infective Hepatitis ..	8
Whooping Cough	3	E. Coli 128	1

Tuberculosis

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 .. ..	..	..	..	..	..	..	..	..
1 .. ..	..	..	..	..	..	..	..	..
2-4 .. ..	..	..	..	..	..	..	..	..
5-9 .. ..	..	..	..	..	..	..	..	..
10-14.. ..	..	..	..	..	..	..	..	..
15-19.. ..	1	..	..	..	..	..	..	..
20-24.. ..	2	..	..	..	..	..	..	..
25-34.. ..	2	..	1	..	..	..	..	..
35-44.. ..	..	..	..	..	..	..	..	..
45-54.. ..	2	..	..	1	..	1	..	..
55-64.. ..	2	1	..	..	..	..	..	..
65 and upwards	..	..	..	..	..	..	..	..
Totals	9	1	1	1	..	1	..	..

Cases where Tuberculosis was mentioned on Death Certificates but no Previous notification received—2. Pulmonary, male (not included in new cases above).

Tuberculosis Register

	1961	1962	1963	1964
Pulmonary Cases	326	332	328	343
Other Forms of Tuberculosis ..	27	27	23	24

Prevention and Treatment of Tuberculosis.
Section 172, Public Health Act, 1936.

No action necessary.

Prevention and Treatment of Blindness.

Section 176, Public Health Act, 1936.

No action necessary.

National Assistance Act, 1948.

Section 47.

No action was required.

CREMATIONS, 1964

<i>Died in Month</i>	<i>Total</i>	<i>Resi- dents</i>	<i>Non- Resi- dents</i>	<i>Form F Signed by</i>			
				<i>Dr. Kershaw</i>	<i>Dr. Alderton</i>	<i>Dr. Barrett</i>	<i>Dr. Clark</i>
January ..	134	24	110	115	—	19	—
February ..	100	32	68	79	—	17	4
March ..	112	26	86	92	—	11	9
April ..	95	27	68	57	—	36	2
May ..	86	23	63	44	—	38	4
June ..	98	31	67	6	—	79	13
July ..	83	18	65	62	—	17	4
August ..	97	22	75	95	—	1	1
September	91	20	71	58	—	8	25
October ..	105	19	86	22	—	81	2
November..	100	22	78	80	7	10	3
December ..	123	29	94	77	—	—	46
Totals ..	1,224	293	931	787	7	317	113

Essex 1,166, Suffolk 36, London 9, Other Areas 13—Total 1,224.

Coroner's Cases:	January — 15	April— 12	July — 6	October — 13
Total — 154	February— 11	May — 11	August — 16	November— 13
	March — 11	June— 12	September— 15	December— 19

Essex County Council Act, 1933.

Eight establishments are registered under the above Act for massage or special treatment.

PET ANIMALS ACT, 1951

Four sets of premises were registered during the year.

HOUSING APPLICATIONS, 1964

Number of applications accepted for re-housing supported by medical certificates	125
Number of such cases re-housed during year	146

MEDICAL EXAMINATIONS OF BOROUGH AND WATER BOARD EMPLOYEES FOR SUPERANNUATION OR FOR ROAD TRAFFIC ACT PURPOSES DURING 1964

Primary Examinations	.. ..	132 passed, 2 failed
Examinations after absences	..	4
Examinations for other authorities	..	2

SANITARY CIRCUMSTANCES OF THE AREA

Water

During the year 2·406 miles of distribution mains were laid in the Borough and 455 houses were connected to the main supply.

In July, Bowdens Pumping Station at Wormingford was commissioned to augment the water supplies of the Borough and surrounding district. Also during the year, the new micro-staining plant at Lexden Springs was brought into use, followed by the automatic equipment for the superchlorination and dechlorination of this water. The improved treatment now given should safeguard this source for many years to come.

Main Drainage and Sewage Treatment

Work began during the year on the following main drainage schemes:

FOUL SEWERS

Eastern Sewer—Contract value approximately £111,000.

Northern Relief Sewer—Contract value approximately £174,000.

North-East Trunk Sewer—Contract value approximately £107,500.

Wivenhoe Sewer—Contract value approximately £64,800.

SURFACE WATER SEWERS

Porters Brook Improvement Scheme—
Contract value approximately £245,700.

Birch Brook Improvement Scheme
Contract value approximately £106,000.

All the schemes were well advanced by the end of the year except the Birch Brook Improvement Scheme on which work did not begin until September, 1964. All are expected to be completed by the end of 1965.

The Wivenhoe Sewer scheme has been prepared by the Corporation for, and on behalf of, the Wivenhoe Urban District Council and, when completed, will convey the sewage from Wivenhoe into the Corporation's public sewers for treatment at the Haven Sewage Treatment Works. The sewage from the University of Essex will also be connected into the sewer from Wivenhoe.

The first steps in the redevelopment of the Haven Sewage Treatment Works were taken during the year when work began on the construction of two new Humus Tanks, improvements to the existing Biological Filters and on the construction of new High Level Inlet Works, and work will shortly begin on the reconstruction of the existing High Level Storm Tanks. The cost of this work will be approximately £175,000.

Proposals for the remainder of the redevelopment work were submitted to the Ministry of Housing and Local Government in July and August and detailed design work is now being carried out. These proposals include a scheme for sewage treatment in the Low Level Section of the Works together with a power generation installation and sludge treatment and disposal plant. The estimated cost of this work is £1,734,000.

General

Two new cesspits have been constructed and one done away with in the year under review. No new wells were sunk or closed.

Refuse Collection and Disposal.

No changes took place during the year.

Swimming Baths.

There are three swimming baths in the Borough. Two of these are open-air and one indoor heated. (See Report for 1959 for full details which remain unaltered.)

SANITARY INSPECTION

General Summary of Work carried out by Public Health Inspector's Department under Public Health Acts, Housing Acts, By-laws, etc.

Defects found	..	..	..	..	..	1,361
Defects remedied	..	..	..	..	..	1,918
Factories and Workshops inspected	..	..	..			303

Housing.

Sinks, Waste Pipes, etc., provided or renewed	..					12
Floors or walls or ceilings repaired	..	..	..			169
Doors or windows provided or repaired	..	..				314
Ovens or firegrates repaired or renewed	..	..				17
Stairs repaired	..	..	..	..	..	29
Rooms cleansed	..	..	..	..	..	63
Roofs repaired (including rain-pipes and gutters)	..					82
Chimneys repaired or renewed	..	..	..	..		18
Damp houses remedied	..	..	..	..	..	27
Yards paved or repaired	..	..	..	..	..	9
Other housing repairs	..	..	..	..	..	32

Drainage.

Repairs and improvements	..	..	..	..		224
Water Closets provided or repaired	..	..	..	..		123
Cesspools : abolished (-), provided (-), repaired (-)	..					—

Other Sanitary Work.

Under Shops Act	..	..	..	..	..	3
Under Factories Act	..	..	..	..	..	40
Under Food and Drugs Act	..	..	..	..	..	163
Houses disinfected	..	..	..	..	..	4
Clothing and other articles disinfected	..	..	..	..	..	706
Mains supply provided to existing houses	..	..				—
Well water sampled	..	..	..	..	..	14
Dustbins provided	..	..	..	..	..	14
Re-visits in connection with Sanitary Notices	..	..				4,560
Offensive accumulations removed	..	..	..	..		4
Pig keeping nuisances abated	..	..	..	..		1
Matters referred to other Departments	..	..				192
Other nuisances or matters attended to	..	..				42

FACTORIES ACTS

Prescribed particulars on the administration of the Factories Act, 1961.

PART I OF THE ACT

1.—INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	27	14	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	310	261	2	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	28	28	1	—
Total ..	365	303	3	—

2.—CASES IN WHICH DEFECTS WERE FOUND

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ..	1	1	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ..	1	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient	4	3	—	—	—
(b) unsuitable or defective ..	18	26	—	1	—
(c) not separate for sexes ..	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
Total ..	24	30	—	1	—

PART VIII OF THE ACT

OUTWORK

(Sections 133 and 134)

Nature of Work	Section 133			Section 134		
	No. of outworkers in August list required by Sect. 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome places	Notices served	Prosecutions
Wearing } Making, etc.	24	—	—	—	—	—
apparel } Cleaning and washing . .	—	—	—	—	—	—
Household linen	1	—	—	—	—	—
Lace, lace curtains and nets . .	—	—	—	—	—	—
Curtains and furniture hangings . .	3	—	—	—	—	—
Furniture and upholstery	1	—	—	—	—	—
Electro-plate	—	—	—	—	—	—
File making	—	—	—	—	—	—
Brass and brass articles	—	—	—	—	—	—
Fur pulling	—	—	—	—	—	—
Iron and steel cables and chains . .	—	—	—	—	—	—
Iron and steel anchors and grapnels	—	—	—	—	—	—
Cart gear	—	—	—	—	—	—
Locks, latches and keys	—	—	—	—	—	—
Umbrellas, etc.	—	—	—	—	—	—
Artificial flowers	—	—	—	—	—	—
Nets, other than wire nets	—	—	—	—	—	—
Tents	—	—	—	—	—	—
Sacks	—	—	—	—	—	—
Racquet and tennis balls	—	—	—	—	—	—
Paper bags	—	—	—	—	—	—
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	—	—	—	—	—	—
Brush making	—	—	—	—	—	—
Pea picking	—	—	—	—	—	—
Feather sorting	—	—	—	—	—	—
Carding, etc., of buttons	—	—	—	—	—	—
Stuffed toys	—	—	—	—	—	—
Basket making	—	—	—	—	—	—
Chocolates and sweetmeats	—	—	—	—	—	—
Cosaques, Christmas crackers, Christmas stockings, etc.	—	—	—	—	—	—
Textile weaving	—	—	—	—	—	—
Lampshades	—	—	—	—	—	—
Total	29	—	—	—	—	—

OFFENSIVE TRADES AND KNACKER'S YARD

	Number.	Inspections.
Gut Scraper	1	15
Tallow Melter	1	2
Rag, Bone and Skin Dealer	5	3
Bone Boiler	1	2
Tripe Boiler	1	13
Total	9	35
Horse Slaughterer	1	5

These occupations have been carried out satisfactorily and no complaints have been received.

COMMON LODGING HOUSE

The one Common Lodging House in the Borough was satisfactorily maintained during the year. Accommodation was on a reduced scale and the owner intimated that she did not intend to apply for renewal of the registration when the present one expired.

ERADICATION OF BED BUGS

Dwelling Houses Infested—Council 2, Others 4	6
Dwelling Houses Disinfested—Council 2, Others 4	6
Rooms in these—Infested and Disinfested	22

In addition, five dwelling houses were treated for the eradication of fleas.

Disinfestation of dwelling houses is carried out free of charge.

RATS AND MICE

Three thousand seven hundred and sixty-six visits to various premises were made by the two Rodent Operators during the year. Five hundred and eighty-three complaints were received and dealt with and 800 premises were treated.

The public sewers were treated twice during the year. In the first treatment 216 manholes were pre-baited resulting in poison bait being laid in 50. In the second treatment 213 manholes were pre-baited and 40 subsequently poison baited.

WASPS' NESTS

One hundred and fifty-eight wasps' nests were destroyed during the year.

HOUSING

Statistics for the Year 1964.

New Houses completed— 414

New Flats completed— 106

Additional units of accommodation provided by conversions	6
---	---

I.—*Inspection.*

Number of dwelling houses inspected	660
---	-----

Number of dwelling houses found to be unfit for human habitation	2
--	---

Number of dwelling houses found not to be in all respects reasonably fit for human habitation ..	333
--	-----

II.—Number of defective houses rendered fit by Informal Action	315
--	-----

III.—*Action under Statutory Powers.*

A. Under Sects. 9 and 10, Housing Act, 1957—

Number of dwelling houses in respect of which notices were served for repairs	—
---	---

Number rendered fit—

(a) By owners	—
-----------------------	---

(b) By Local Authority in default	—
---	---

B. Under Public Health Acts—

Number of dwelling houses in respect of which notices were served for repairs	13
---	----

Number complied with—

(a) By owners	22
-----------------------	----

(b) By Local Authority in default	—
---	---

C. Proceedings under Sections 16 and 17 of the Housing Act, 1957—

(1) Number of Closing Orders made including undertakings not to re-let given by owners ..	5
---	---

(2) Number of dwelling houses in respect of which Demolition Orders were made	1
---	---

(3) Number of dwelling houses demolished in pursuance of Demolition Orders	7
--	---

D. Proceedings under Section 18 of the Housing Act, 1957	—
Houses on which Closing Orders were in force and subsequently demolished by the owners ..	1

RENT ACT, 1957

Part I—Applications for Certificates of Disrepair.

Number of applications for certificates	1
Number of decisions not to issue certificates	Nil
Number of decisions to issue certificates	1
(a) in respect of some but not all defects	1
(b) in respect of all defects	Nil
Number of undertakings given by landlords under paragraph 5 of the First Schedule	1
Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	Nil
Number of Certificates issued	1

Part II—Applications for Cancellation of Certificates.

Application by landlords to Local Authority for cancellation of certificates	3
Objections by tenants to cancellation of certificates ..	2
Decisions by Local Authority to cancel in spite of tenants' objection	Nil
Certificates cancelled by Local Authority	1

HOUSES IN MULTIPLE OCCUPATION

Inspections and re-inspections	1,003
Informal notices served	19
Statutory notices served	3

The improvements obtained are recorded in the following table:

Hot water supply provided	22
Sinks and wash-hand basins provided	11
Ventilated food stores provided	26
Refrigerators provided	2
Means of escape in case of fire	9
New windows provided	6
Electric points or light fittings provided	4
Water closets repaired or provided	10
New bathrooms or baths provided	4
Miscellaneous repairs or improvements	49

NOISE ABATEMENT ACT, 1960

Fifteen complaints were investigated during the year and as in previous years the noises complained of were very varied. By experimentation and sometimes by quite simple actions it is often possible to reduce the actual amount of noise but it is often very difficult to reduce the noise to a level acceptable to the complainant. However, given goodwill and co-operation it is usually possible to secure some improvement.

INSPECTION AND SUPERVISION OF FOOD

The number of inspections of food premises and the improvements recorded are shown in the following table :

	<i>Premises</i>	<i>Inspections</i>
Slaughterhouses	1,155
Bakehouses	66
Dairies and Milk Shops	127
Provision Shops	512
Fish Shops—Wet	48
Fish Shops—Fried	36
Butcher's Shops	287
Hotels and Restaurants	249
Canteens and Hospital Kitchens	101

Repairs or improvements carried out :

Constant hot water supply provided	3
Handbasins or sinks provided	11
Refrigerators	3
Walls—Repaired, decorated or cleansed	30
Ceilings—Repaired, decorated or cleansed	24
Floors—New, repaired, decorated or cleansed	5
Roofs Repaired	3
Water closets—New, repaired or cleansed	18
Water closets—" Wash your hands " notices	5
Refuse receptacles provided	5
Nailbrushes	6
First Aid Equipment	4
Miscellaneous	46

Twenty-one complaints were considered by the Health Committee concerning foods which were in some way unfit or contained foreign material. In five cases successful legal proceedings were taken and in ten cases warning letters were sent by the Town Clerk to the manufacturers or retailers concerned.

SLAUGHTERHOUSES

All animals slaughtered during the year at the four slaughter-houses in the Borough were examined for evidence of disease by the Public Health Inspectors.

Carcases and Offal Inspected and Condemned in whole or in part :

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)	5,438	298	255	7,042	6,957	—
Number inspected ..	5,438	298	255	7,042	6,957	—
All diseases except Tuberculosis and Cysticerci :						
Whole carcases condemned ..	4	1	3	11	13	—
Carcases of which some part or organ was condemned ..	875	68	5	167	223	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	16.16	23.15	3.13	2.52	3.39	—
Tuberculosis only :						
Whole carcases condemned ..	—	—	—	—	—	—
Carcases of which some part or organ was condemned ..	—	—	—	—	23	—
Percentage of the number inspected affected with tuberculosis ..	—	—	—	—	0.33	—
Cysticercosis :						
Carcases of which some part or organ was condemned ..	—	—	—	—	—	—
Carcases submitted to treatment by refrigeration ..	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Parts of Carcases or Organs Condemned

			Beasts including Cows	Calves	Sheep	Pigs	Total
			lb.	lb.	lb.	lb.	lb.
Parts of Carcases	..	..	150	—	341	724	1,215
Organs	..	..	9,497	19	334	676	10,526

In addition to the above, 603 lb. of Imported Beef, 8 lb. Imported Beef Offal, 27 lb. Imported Pork, 22 lb. Imported Pork Offal, 48 lb. Imported Sheep Carcases and 10 lb. Imported Sheep Offal were condemned.

The total weight of meat condemned as unfit for human consumption was:

7 tons 13 cwt. 3 qrs.

Unsound meat was collected by a local firm engaged in the manufacture of commercial grease.

Other Food Inspection

<i>Type of Food</i>									<i>Weight in lb.</i>
Butter	..	..	..	..	..	..	..	..	13
Ground Almonds	..	..	..	..	..	..	..	..	7
Dried Fruit	..	..	..	..	..	..	..	..	1
Cheese	..	..	..	..	..	..	..	..	158
Bacon	..	..	..	..	..	..	..	..	166
Ham	..	..	..	..	..	..	..	..	80
Tea	..	..	..	..	..	..	..	..	3
Sausages	..	..	..	..	..	..	..	..	1
Corned Beef	..	..	..	..	..	..	..	..	15
Tongue	..	..	..	..	..	..	..	..	3
Jellied Veal	..	..	..	..	..	..	..	..	7
Luncheon Meat	..	..	..	..	..	..	..	..	2
Chicken	..	..	..	..	..	..	..	..	3
Chestnuts	..	..	..	..	..	..	..	..	68
Fish	..	..	..	..	..	..	..	..	363
									890

The total weight of meat and other foods listed above unfit for human food and condemned was:

8 tons 1 cwt. 2 qrs. 22 lb.

In addition the following foods were condemned:

Tinned Milk	289	Tins
Other Tinned Goods	6,677	Tins
Packeted Foods	1,385	Pkts.
Bottled Goods	159	Bots.
Escallops	24	
Fish Cakes	96	
Chickens	13	
Hamburgers	95	
Pork Pies	3	
Cakes	4	
Ice Cream	2	Gals.
Scampi	5	Gals.

MILK AND DAIRIES (GENERAL) REGULATIONS, 1959

There are 2 dairies and 73 distributors on the register, and during the year 127 inspections of premises were made.

MILK (SPECIAL DESIGNATION) REGULATIONS, 1960 — LICENCES

To Pasteurise Milk	2
„ sell Pasteurised Milk	43
„ „ Tuberculin Tested Milk	25
„ „ Sterilised Milk	43

Pasteurised and Sterilised Milk

During the year 104 samples of pasteurised milk and three samples of sterilised milk were submitted for examination, and all were found to have been satisfactorily heat treated. Of the 104 samples of pasteurised milk 93 passed the methylene blue test, two failed the methylene blue test, the tests on the remaining nine being declared void by reason of the atmospheric shade temperature exceeding 65 deg. F.

Eight samples tested for antibiotics were negative.

LIQUID EGG

Eight samples of pasteurised liquid egg were taken from a local pasteurising establishment. All were found to have been satisfactorily heat treated.

FOOD AND DRUGS ACT, 1955

Samples	No. of Samples	Samples below Standard	Nature of Deficiency
Milk	60		
Milk, canned	1		
Cream, canned	1		
Butter	4		
Margarine	3		
Lard	1		
Dried Fruit	6		
Mince-meat	1		
Marzipan	2		
Ground Almonds	2	1	See observations
Jelly	2		
Jam	3		
Lemon Curd	2		
Soup	1		
Vinegar	1		
Bread	2	2	See observations
Rice Pudding, canned	1		
Sponge Pudding	1		
Fruit Squash	2		
Orange Juice, canned	1		
Ice Cream	9		
Ice Cream Ready Mix	1		
Boned Chicken in chicken jelly	1		
Mince-d Turkey in jelly	2	2	See observations
Stewed Steak, canned	1		
Stewed Steak with gravy	1	1	See observations
Pork Luncheon Meat	12	2	See observations
Pork and Ham, canned	1		
Ham Spread	2	1	See observations
Pork Brawn	1		
Pork Pies	1		
Cornish Pasty	1	1	See observations
Sausage Roll	1	1	See legal proceedings
Salmon, cooked	1		
Fried Fish	1		
Blackcurrants in heavy syrup	2		
Plain Chocolate Biscuit	1	1	See observations
Milk Chocolate	2		
Chocolate Toffees	3	1	See observations
Butter Sweets	2		
Olive Oil	1		
Milk of Magnesia Tablets	1		
Sodium Citrate Tablets	1		
Ascorbic Acid Tablets	1		
Ferrous Sulphate Tablets	1		
Ferrous Glucinate Tablets	1		
Calcium Lactate Tablets	1		
Calcium Glucinate Tablets			
B.P.S. grains	2		
Ammonium Chloride Tablets	1		
Aluminium Hydroxide Tablets	1		
Aluminium Hydroxide Gelatine			
B.P.	1		
Calamine Cream	1		
Boric Acid Ointment B.P.C.	2	1	See observations
Ammoniated Mercury Ointment	1		
Salicylic Acid Ointment	1		
Iodine Ointment	1		
Lead Lotion	1		
Citric Acid	1		
Syrup of Hypophosphite	1		
Eastons Syrup	1		
Parrishes Food	1		
Liquid Paraffin Emulsion	1		
Sal Volatile	1	1	See observations
Sodium Bicarbonate	1		
Inhalant	1		
	170	15	

OBSERVATIONS

- Ground Almonds**—Rancidity—remainder of stock withdrawn from sale.
- Bread**—Contaminated with grease and dirt. Letter of caution sent by Town Clerk to Baker.
- Bread**—Screw in loaf. Letter of caution sent by Town Clerk to Baker.
- Minced Turkey in Jelly**—Deficiency in meat content. Taken up with Manufacturers.
- Stewed Steak with Gravy**—Slight deficiency in meat content. Taken up with Manufacturers.
- Pork Luncheon Meat**—Contained small patch of dye. Taken up with Manufacturers.
- Pork Luncheon Meat**—Excess of lead. Formal sample satisfactory.
- Ham Spread**—Deficiency in meat. Formal sample satisfactory.
- Cornish Pasty**—Contained small piece of metal. Letter of caution sent by Town Clerk to Manufacturers.
- Chocolate Biscuit**—Contained Nylon fibres. Letter of caution sent by Town Clerk to Manufacturers.
- Chocolate covered toffees**—Contained maggots. Letter of caution sent by Town Clerk to Shopkeeper.
- Boric Acid Ointment**—Very slight deficiency in Boric Acid. Repeat sample satisfactory.
- Sal Volatile**—Deficient in ammonia. Remainder of stock withdrawn from sale.

LEGAL PROCEEDINGS

Nature of Contravention	Result of proceedings
Mould in Liver sausage ..	Fined £15
Nail in bun	Fined £10
Rodent excrement in sausage roll	Fined £25
Mouse in bottle of milk ..	Fined £50
Metal nut in meat pie ..	Fined £20

Ice Cream (Heat Treatment, etc.) Regulations

Visits to premises where ice cream is manufactured or sold	219
Samples taken	58
Results of samples—Grade I	36
Grade II	12
Grade III	8
Grade IV	2

There are no ice cream manufacturers in the Borough.

THE OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The undermentioned Tables contain the prescribed particulars for 1964 which were forwarded to the Minister of Labour under Section 60 of the Act.

Table A—REGISTRATIONS AND GENERAL INSPECTIONS

Class of premises	No. of premises registered during the year	Total No. of registered premises at end of year	No. of registered premises receiving a general inspection during the yr.
Offices	196	195	42
Retail shops	328	327	45
Wholesale shops, warehouses ..	33	33	4
Catering establishments open to the public, canteens	33	33	—
Fuel storage depots	2	2	—
Totals	592	590	91

Table B
NUMBER OF VISITS OF ALL KINDS BY INSPECTORS TO REGISTERED PREMISES

Number of visits 236

Table C
ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES BY WORKPLACE

Class of workplace	Number of persons employed
Offices	1,972
Retail shops	2,421
Wholesale departments, warehouses	445
Catering establishments open to the public	396
Canteens	34
Fuel storage depots	30
Total	5,298
Total Males	2,355
Total Females	2,943

Table D—EXEMPTIONS
Number of Exemptions granted or reported during the year Nil

Table E—PROSECUTIONS
Number of Prosecutions during the year Nil

DELEGATED HEALTH AND WELFARE SERVICES

BOROUGH OF COLCHESTER, 1964

STAFF

1. Medical Officer of Health:
Dr. J. D. KERSHAW (Part Time)
2. Medical Officers:
Dr. R. E. BARRETT (Part-Time)
Dr. A. B. CLARK (Part-Time)
Dr. H. M. HARKNESS (Sessional)
Dr. S. MACMILLAN (Sessional)
3. Area Dental Officer
Mr. E. T. CLARK (Whole-time)
4. Dental Officers
Mr. B. BENJAMIN (Sessional)
Mr. J. F. GODFREY (to 30-11-64) (Part-Time)
Mr. S. G. WATSON (Sessional)
5. Chief Administrative Assistant:
Mr. H. T. PERCIVAL (Part-Time)
6. Superintendent Health Visitor:
Miss H. M. HALL (Part-Time)
7. Non-Medical Supervisor of Midwives and Superintendent
of Home Nurses:
Miss I. E. NICE (Part-Time)
8. Mental Welfare Officer:
Mr. I. T. HAZELL (Whole-Time)
9. Visitor for the Blind:
Miss C. M. BUTLER-KEARNEY (Whole-Time)
10. Visitor for the Physically Handicapped
Mr. W. G. HUNTER (Whole-Time)
11. Matrons—Day Nurseries:
Miss E. M. CHAPMAN (Sheepen Rd. Day Nursery)
Mrs. G. R. HARMAN (Brook St. Day Nursery)

12. Domestic Help Organiser:
Miss K. P. O'CALLAGHAN
13. Chiropodists:
Mr. R. M. HALLAWELL (Whole-Time)
(from 4-8-64)
14. Health Visiting and Clinic Nursing Staff:
9 Health Visitors (Part-Time)
5 Clinic Nurses (Part-Time)
15. Midwifery and Home Nursing Staff:
1 District Midwife
8 Female Home Nurses
6 District Nurse Midwives
3 Male Home Nurses } (Whole-Time)

Delegated Services

The delegated health and welfare services have continued to run smoothly during the year and the statistics require no comment apart from those relating to Domestic Help and Chiropody, which I deal with in detail. For the first time, I include comment on the School Health Service since 1964 was the first full year during which this part of the work was delegated. The take-over of this last went very smoothly and I am specially grateful to Mr. Cooper, the Borough Education Officer, for his co-operation and understanding in what might otherwise have been a somewhat laborious business.

Day Nurseries

The two local authority nurseries, Brook Street and Sheepen Road, continued to do useful work during the year. Attendances rose by about 7 per cent. and the average daily attendance was 86.6. Since the total capacity of the two is only 100 places and since we give preference to the "priority classes", whose attendance we rather expect to be below average, this indicates that they are being very fully used and they are well justifying their existence. Neither is all it might be in respect of either premises or equipment. Brook Street, a converted large house, is awkward in use and lacks storage space, so that we cannot make proper use of modern washing machines and other labour-saving devices. Sheepen Road is a war-time pre-fabricated building; its accommodation is more convenient than that of Brook Street but it would benefit by some modernization of the heating and washing facilities. We have plans in hand for some improvement at Brook Street. Sheepen Road, however, is on a site which may be affected by town development projects in the near future and it would be hard to justify much expenditure on improvement of a building which might have to be demolished. When the shape of future development is clearer we may well have to consider a new building.

I need hardly emphasize that the day-to-day running of the nursery is anything but easy for the staff and we owe them special gratitude for the way in which they do admirable work in difficult surroundings.

Demand for nursery accommodation continues to increase, partly because there is a high employment rate for married women and partly because more and more mothers are beginning to appreciate the value to children between 3 and 5 of the opportunity to mix with other children under skilled guidance. The town's two nursery classes are full, and I greatly regret the official policy which prevents the establishment of more or the setting up of nursery schools, though I accept the fact that shortage of teaching staff would make expansion difficult.

Meanwhile private enterprise is doing something to remedy the shortage, six nurseries or "play groups" having been set up in the last few years. These have to be registered under the Nurseries and Child Minders Regulation Act, which means that the local

authority can impose conditions on those who provide them and that they are subject to inspection. Because we believe that these establishments, if properly run, make a useful contribution to child care we try not to make the conditions too exacting by demanding standards of accommodation that would involve expensive alterations to private premises. We try rather to solve the problem by limiting the number of children accepted to fit the existing premises and facilities and, above all, by trying to ensure that the staffing is reasonably adequate. In this field enthusiasm is valuable but is no substitute for knowledge and experience and we have, therefore, worked on the principle of requiring that if the number of children is ten or more there should be an experienced nurse or teacher in charge and that as numbers increase there should be some balance between experienced staff and people who have good will but no special experience.

At present I feel it is fair to say that all the private nurseries are in good hands and that they are providing a useful service for both mothers and children.

Chiropody

This most desirable and useful service has been continued with difficulty and still fails to meet the need. During 1963 two whole-time chiropodists had struggled to cope with the arrears of work, but for eight months of 1964 we had only one whole-timer and as yet I see no prospect of the situation improving. The root of the trouble is that in the country as a whole there are too few chiropodists to meet the need. If local authorities paid higher salaries this might attract some chiropodists from private practice, but this, of course, would only result in the remaining private chiropodists having more work than they could do. It has been suggested that chiropody auxiliaries, with a shortened training, working under the direction of qualified chiropodists, might help to solve the problem. A scheme of this kind, already in operation in dentistry, might be well worth trying but since there are whole branches of chiropody, including work among school children, which hardly exist at all the long-term answer must lie in the training of more chiropodists.

Domestic Help Service

The number of cases helped continues to rise. The figures presented in the standard form indicate only the number on the books at the end of the year and therefore do not give a true picture of the work done throughout the year. Though the number (503) receiving help on December 31st is only seven greater than the corresponding figure for 1963, the total number of cases helped in the year was 728 in 1963 and rose to 823 in 1964. By contrast, the total number of hours of help given fell from 110,036 to 98,963 or from 151 to 120 hours per case.

This is disturbing. It does not mean that the need has been less; it has happened because while the number of calls on the service has

been slowly rising the number of women willing to serve as domestic helps has been falling and we have had to prune the amount of help given to some cases in order to make sure that all applicants got at any rate some basic assistance. I do not think that the help given to anyone was below the *essential* need, but in a service like this it is dangerous to content ourselves with minimum provision. Especially for the elderly and the chronic sick we are trying to run a service which will prevent their health from deteriorating and we constantly face the risk that by cutting the help given this year we may produce a situation in which considerably more help may be required for a less fit person in future years.

I would not expect a marked increase in demand in the future, except, perhaps, during a very severe winter, but as more people grow old and as old people live longer the demand will probably rise slowly and slightly. I need not repeat the reasons which I gave last year to explain the falling off in recruitment of helps, but I do not expect that the situation is going to improve unless perhaps there is a sharp fall in the industrial employment of women. Meanwhile, the invidious task of trying to make the best of limited resources has to be done by our already overloaded organizer and I am sorry that the suggestion which I made last year that an assistant organizer be appointed has been rejected because it does not fit in with County Council policy.

Welfare of the Handicapped

The number of physically handicapped people on our register fluctuates a little but is on the whole fairly stable. Not everyone who might be eligible does in fact register, but this is something which must depend on the individual's willingness and, quite naturally, some people with a handicap do not wish to register unless there is some advantage to be derived from doing so. At present we are, I think, in touch with all those who could benefit by registration and I would not expect the number on the register to increase substantially in the future, though it will certainly grow slightly as some of our more lightly handicapped residents become more disabled with the passage of time.

The provision we make for the physically handicapped covers quite a wide field. In the majority of cases we are able to lend or supply a variety of aids which make life with a disability somewhat easier; these range from the provision of a pair of elastic shoelaces costing a few coppers—a great boon to the arthritic who cannot get down to tie up his shoes—to the loan of a hydraulic hoist which costs £70 or so and enables the other members of the family to handle a bedridden patient. Often some adaptation to the patient's house—a ramp at the front door or the widening of internal doorways so that a wheel-chair patient can get about, something simple like the fixing of a handrail by the bath or something elaborate like the addition of a ground-floor bathroom—can enable a handicapped person to go on leading an independent life in spite of his disability.

No charge is made for the loan of equipment but for things like house adaptations the patient makes a contribution to the cost based on an income scale.

So successful have some of the house adaptations been that one naturally asks the question whether it might not be a good idea to provide some special local authority housing for handicapped people. The difficulty in doing so is that it is hard to generalize about "the handicapped". Two people with the same disability may, because of personality and family circumstances, have quite widely differing needs, so that the accommodation which would suit one of them would be utterly unsuitable for the other. Nevertheless, it might be worth while to consider the provision on each of our housing estates of one or more "wheelchair" flats or bungalows, so designed that a person confined to a wheelchair could get around from room to room and having various types of adjustable built-in furniture and fittings which could be quickly and easily made suitable for the use of the handicapped member of the family. These could be reserved for suitable cases though, of course, during an interval when no handicapped person was needing one of them, they might be used by an ordinary family. I mention this only as one tentative suggestion; I propose to look into the subject in more detail and, if it seems justified, to submit concrete proposals to the appropriate Committee.

Mental Health

My optimism about the progress of co-operation in mental health care expressed in my last Annual Report has not been fully justified during the year. The most important shortcomings still lie in the field of after-care of patients discharged from Severalls Hospital. After-care has to be planned in advance if it is to succeed. The risk of breakdown in the discharged patient is at its highest in the few weeks immediately following discharge, when the patient is trying to find his feet in the community from which he has been for some time isolated. During this period we cannot afford to spend time working out, by a process of trial and error, just what social support is going to be needed. True, the details of the support needed cannot be exactly defined until the patient is actually using it and it will have to be adjusted and modified as he settles down and his needs change, but it is highly desirable that a calculated forecast shall be made beforehand so that the patient comes home to find that most of his requirements have been planned for in advance.

One source of difficulty lies in the state of the law. A mental hospital is technically unable to give any advance information to the local health authority about a patient unless the patient has given his consent to this. It needs no expert knowledge of the field to realise that it is just the patient who is most likely to present difficulties after discharge who is also most likely to refuse consent to the passing of information. Some psychiatrists in some hospitals may be better able than others to persuade patients to consent—or

perhaps their interpretation of the law is somewhat more generous ! A second difficulty, of local importance, is the strength of the liaison staff. At present we still have only one mental welfare officer, who is now carrying very nearly twice the load of work that he had five years ago and who cannot fairly be asked to do double duty indefinitely. I suspect that from time to time the hospital service has not brought him into consultation regarding particular cases simply because it does not wish to press him beyond endurance.

I am hopeful that during 1965 the Borough Health Committee's recommendation for the appointment of a second officer will be implemented; if so, this ought to improve the position materially. The key to long-term success, however, lies in the nature of co-operation. In planning for the discharge to community care of a potentially "difficult" patient a good many people are involved. There is one "team" within the hospital and another outside, the latter consisting of the local authority's officers, not only in the health department but in other departments, and sundry officers of other agencies, statutory and voluntary. For the leader of the hospital team to send a letter to the leader of the outside team or to use the mental welfare officer as a messenger is useful but it is not always enough. I shall not feel really satisfied until we have a system of adequate case conferences on the problems of these more difficult patients, where all those who are going to be involved in the task of re-settlement get together round a table to discuss their individual and collective parts in the whole job. The case conference technique works admirably in other fields. We have used it to particular advantage in dealing with "problem families" and with elderly people in difficulties. There is no magic in it; we have our failures as well as our successes but in addition to the fact that we often find an answer to a difficult conundrum, even when we fail we learn more about our work than when we rely on individual action and correspondence.

Welfare of the Elderly

I have referred in another part of this report to special services for the ageing, but I think I should also comment on the subject of our care for those old people who are beginning to fail in health. Anyone who lives long enough is sure to develop disabilities, weaknesses and chronic illnesses of various kinds, so that whether a man or woman in the seventies needs hospital care, nursing at home, domestic help, or aid from our mental health or welfare services for the handicapped is a matter of luck. In the end, for those who do not receive the mercy of a swift terminal illness hospital care must become inevitable. The question which we have to ask is "When?"

I am all in favour of preserving the individual's independence and my Reports over the years have shown how rarely and reluctantly I resort to seeking compulsory admission orders to get an old person into hospital. To many, however, there comes a time when independence is a mockery because one is completely unable to make

use of freedom and, indeed, the labour and the responsibility of doing even necessary things for oneself are a weariness of body and spirit. It is perhaps a weakness of our existing services that while we can provide help in the home and nursing in the home and make life somewhat easier physically by a variety of things, we cannot provide continuous attendance in the home. I doubt whether we ever shall be able to do so, for entirely apart from questions of cost there are just not enough people available to staff a daily attendance service in addition to our other social provision. It is no use saying that the care of the old is a responsibility of their children. In these days of family mobility the younger generation has often moved away and settled in a strange place to which the old ones would not wish to move, or, if the sons and daughters still live in the district they have not got sufficient or suitable accommodation to allow them to take in an elderly and infirm parent.

We are, therefore, left with a substantial number of old people who may or may not have been in a general or a mental hospital for treatment—often they have had a spell of in-patient care—but who, even if domestic help and home nursing are provided for household chores and medical care, cannot be left alone in the house or are living with a partner who is also ageing and infirm. One kind of provision for cases like this is the day hospital unit, of which we have two—one in St. Mary's Hospital and one in Severalls Hospital—fairly readily accessible to Colchester. Their facilities are limited and, even so, the one at Severalls is not always being used to capacity. Moreover, both of them serve not only Colchester but the surrounding area, where the proportion of old people in the population is even higher. More day hospital provision would certainly reduce the pressure on in-patient beds in the geriatric units and I would particularly like to see the day hospital unit at St. Mary's expanded; it is centrally situated and there seems to be at present a greater demand on the physical rather than the psychiatric type of provision.

Even so, the demand on in-patient beds in general geriatric units is likely to exceed the supply for some time to come. At the moment the waiting list is long and only acutely ill patients or those whose social circumstances are particularly adverse are able to get into hospital quickly. What might be called "anticipatory care"—the admission of a not very ill patient who might have his health appreciably improved by a spell in hospital—often has to go by default. It would be of some advantage if the fusion of the General Hospital Group and the Severalls Hospital Group into the new St. Helena Group could pave the way for some amalgamation of the geriatric accommodation of the hospitals.

BOROUGH OF COLCHESTER

DELEGATED HEALTH SERVICES

STATISTICS RELATING TO VARIOUS HEALTH SERVICES UNDER THE CONTROL OF THE HEALTH COMMITTEE

Births and Baby Deaths:

Number of live births notified.. .. .	1329
Number of still births notified	26
Number of baby deaths notified (under 1 year) ..	29

Home Nursing and Midwifery:

Number of midwifery and maternity cases attended	329
Visits to these cases	11,475
Visits to other nursing cases	26,805

Child Welfare Clinics:

Number of sessions held	606
Number of attendances made by children	19,005

Diphtheria Immunisation only:

Number of children who completed course of immunisation	24
Number of children given a boosting dose	259

Diphtheria/Pertussis/Tetanus (Triple Immunisation):

Number of children who completed primary course	1133
Number of children who received a reinforcing dose	404

Diphtheria/Tetanus Immunisation:

Number of children who completed primary course	102
Number of children who received a reinforcing dose	264

Tetanus Immunisation only:

Number of children who completed primary course	212
Number of children who received a reinforcing dose	136

Whooping Cough Immunisation only (Pertussis Vaccine):

Number of children who completed course of immunisation	6
Number of children who received a reinforcing injection	17

Vaccination against Smallpox:

Number of persons successfully vaccinated ..	806
Number of persons re-vaccinated	170

Vaccination against Poliomyelitis:

Number of persons receiving primary course	..	1,128
Number of persons receiving reinforcing dose	..	941

Home Visits (Health Visitors)

Total visits	15,589
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Gas and Air Analgesia

Analgesics administered by County Council Midwives		273
Number of sets of apparatus in use	.. .. .	6

Antenatal and Postnatal Clinics:

Number of sessions	.. .. .	101
Cases first attending	.. .. .	399
Attendances by patients	.. .. .	1,539

WELFARE OF THE PHYSICALLY HANDICAPPED REGISTER

Category of Case:	Cases	
	31-12-63	31-12-64
Amputees	8	14
Arthritis	32	50
Congenital malformations	2	2
Heart and circulatory system ..	18	24
Digestive and genito urinary system	1	1
Respiratory system	1	1
Skin diseases	1	1
Injuries of body and head	1	2
Injuries of limbs and spine	12	19
Ankylosing spondylitis	2	2
Epileptics	4	5
Plegics	10	12
Spastics	4	7
Sclerosis	12	15
Muscular dystrophy	3	3
Parkinson's disease	4	5
Poliomyelitis	5	7
Nervous and mental disorders ..	5	5
Diseases and injuries not specified above	4	9
TOTAL	129	184

WELFARE OF THE BLIND — REGISTER

Category of Case:	Cases	
	31-12-63	31-12-64
Blind	166	157
Partially Sighted	56	49
Defective Vision	21	23
TOTALS	<u>243</u>	<u>229</u>

DOMESTIC HELP SERVICE

Cases being helped at 31st December, 1963	496
New Cases helped in 1964	327
Cases being helped at 31st December, 1964	503
Hours of help provided	98,963

NIGHT ATTENDANCE SERVICE

Cases being attended at 31st December, 1963	1
New Cases attended 1963	40
Cases being helped at 31st December, 1964	—
Hours of attendance provided	3,455

Free Milk for T.B. Patients:

New Cases	5
Total cases receiving milk at end of year	137

Sheepen Road Day Nursery:

Number of children on books at end of year	52
Total attendances	11,688

Brook Street Day Nursery:

Number of children on books at end of year	55
Total attendances	10,482

Chiropody Service:

Treatments given at home	854
Treatments given at clinics	912

SCHOOL HEALTH SERVICE

For the first time I am including in my report a summary of the statistics of the school health service in Colchester and some comments on the figures. 1964 was the first full year of the operation of delegation in this field; up to October 1963 the statistics for the Borough were included in those of the North-East Essex Education Division and I cannot, therefore, offer any figures from previous years which would be truly comparable. So far, however, as I am able to judge there is nothing to suggest any noteworthy departure from the usual pattern.

Infectious Disease

The general incidence of infectious disease during 1964 was fairly low. As a rule we expect cases to be fairly evenly distributed throughout the town but from time to time one particular area seems to get rather more than its share and in that case it is natural that the schools in the area should be rather badly hit. For example, of a total of 105 cases of chickenpox reported from Colchester schools more than half occurred at Prettygate Junior, while most of the 70 reported cases of mumps were in children attending St. George's and North County schools. There was nothing to suggest failure of hygienic precautions in the schools and, indeed, since primary school children are drawn from the immediate school neighbourhood, it is anyone's guess how much the infection spread inside the school and how much outside.

Cleanliness Surveys

Though this title still continues to be used for statistical purposes it is nowadays a misnomer. What happens in fact is that we try to arrange for every child to be seen from time to time by the school nurse for a quick check on general condition, this being done about once a year. If nits or lice are present this is recorded and appropriate action taken but the fact that only 56 cases of infestation were found in over 14,000 examinations speaks for itself. The head louse is a rarity these days and we are able to keep it under control by maintaining a special watch on the few families which seem regularly to harbour it.

SPECIAL CLINICS AND SPECIAL EDUCATION

Speech Therapy

After a period without a speech therapist in Colchester, we were able to fill the vacancy during the year. The new therapist was faced with a considerable back-log of work and, to make things more difficult, we had lost the therapist who served the Lexden and Winstree area, so that a number of children from the district immediately outside the Borough had to have diagnostic interviews, even though we could not offer them treatment. This flexibility of arrangements between the Borough and the Division cuts both ways

and since during the previous year, when the Borough had no therapist, one of the Divisional therapists had been seeing Borough children these diagnostic interviews were in effect repaying a debt. From the summer of 1965 we are hoping that both Borough and Division will be fully staffed and that we can once again provide the service which is needed.

Auditory Training and Audiology

During 1964 we had the part-time services of one of the County's peripatetic teachers of the deaf. We found her extremely useful in helping young children with defective hearing and arrangements have been made for more of her time to be available in and after 1965. An audiology clinic with a part-time consultant in charge, is to open at Monkwick in 1965. This arrangement is only temporary; when the new central clinic is completed the audiology clinic will move into specially prepared accommodation there.

Educationally Subnormal Children

Kingswode Hoe school continues to do excellent work for Educationally Subnormal children, though it labours under the disadvantage of being too small to meet the demand. There are enough educationally subnormal children in Colchester and the immediate neighbourhood to fill the school, but it has to serve the whole Division as well as the Borough with the result that the waiting list is long. In consequence, some children are admitted later than is desirable, which makes the work of the school harder, and some who really ought to be in a special school have no hope of getting there. The proposed opening of a special school to serve the coastal and Tendring areas should bring about some improvement.

One important need is to make some provision for children on the borderline between educationally subnormal and "unsuitable for education". Ideally I like these children to have a trial period in a special school before deciding whether a training centre is, after all, the best place for them, but if the trial is to be a fair one they must have a good deal of special attention. It is now proposed to establish a small "assessment unit" at Kingswode Hoe and this ought to be most useful.

Dental Inspection and Treatment

Though the dental staffing position is tending to improve, we are still below establishment. This is reflected in the statistics, because it compels us to concentrate on treatment, which is usually urgent, and to neglect the regular inspections which are the foundation of good preventive dental work. I regret that I can see no real prospect of improvement in 1965 but staffing improvements in the latter part of 1965 makes the outlook for 1966 seem a little more promising.

As in other fields, the Colchester clinic serves a wider area than the Borough and we have undertaken the time-consuming and difficult job of providing treatment for the mentally subnormal children at Holliwell Lodge Hostel. I should like to thank the Warden and his colleagues for their most valuable co-operation.

A sad but inevitable event was the final retirement in November of Mr. J. F. Godfrey. Appointed as a dental officer in 1929, he retired in 1955 on reaching the age of 65 but returned as a part-time dentist almost immediately. For substantial periods in the past twenty years he has been our only dental officer in action and has saved the dental service from collapse time and again. His standards of work were always exceedingly high and yet he combined high standards with a prodigious amount of work accomplished. Both patients and colleagues were very sorry to lose him and we all hope that he thoroughly enjoys the rest and relaxation which he has so richly deserved.

BOROUGH OF COLCHESTER

DELEGATED SCHOOL HEALTH SERVICES, 1964

Number of Maintained Schools:

(a) Primary	..	..	..	..	..	..	28
(b) Secondary	..	..	..	..	..	..	10
(c) Special	..	..	..	..	..	..	1

Number of pupils on Registers:

(a) Primary	6,312
(b) Secondary	5,496
(c) Special	98

Periodic Medical Inspections	2,693
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General Condition of Pupils

(a) Satisfactory	2,682
(b) Unsatisfactory	11

Special Examinations	748
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Re-examinations	1,450
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Selective Examinations						Age 8	Age 11
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Questionnaires sent	157	162
Questionnaires returned	153	159
No action	138	146
Seen by Medical Officer	..	..	..	..	15	13

Number of Individual Pupils found by Periodic examination to require treatment; (or receiving treatment at time of examination)

(a) For defective vision (excluding squint)	..	..	129
(b) For skin diseases	..	..	26
(c) Other conditions	..	..	108

Defects found by Periodic Medical Examinations
(Including those receiving treatment)

Squint	..	..	3	Hernia	..	..	1
Other Eye Defects	..	2		Other Development Defects			5
Hearing	..	..	2	Posture	..	..	8
Other Ear Defects	..	2		Feet	..	..	8
Otitis Media	..	..	1	Other Orthopaedic Defects			16
Nose and Throat	..	30		Epilepsy	..	..	1
Speech	..	..	10	Other Nervous System	..		2
Lymphatic Glands	..	2		Psychological Development			5
Heart and Circulation		3		Psychological Stability	..		2
Lungs	..	..	4	Other Defects	..	..	6

TREATMENT OF PUPILS

Minor Ailment Clinics

(a) Number of new cases treated	..	..	..	688
(b) Total attendances:				
(i) Seen by Medical Officers	..	..	..	1,811
(ii) Otherwise	..	..	..	1,249

Miscellaneous Examinations

Employment of School Children:

(i) No. of children examined for employment in entertainment	..	..	..	..	Nil
(ii) No. of children for other employment (paper rounds, etc.)	..	..	..	..	185

Cleanliness Surveys

(a) Total number of examinations	..	..	..	14,429
(b) No. of cases of infestation	56

Home visits by School Nurses

Number of visits	1,193
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PREVENTIVE MEDICINE

B.C.G. Vaccinations (Tuberculosis)

(a) Number of children offered vaccination	1,353
(b) Number of children accepting vaccination	1,032
(c) Number of children with Positive reaction	43
(d) Number of children with Negative reaction	989
(e) Number of children receiving B.C.G.	957

SPEECH THERAPY

Pupils under treatment at end of year

Infant Schools	Junior Schools	Secondary Schools	Special School	Under 5 years	Total
22	23	3	19	4	71

CHILDREN ON THE HANDICAPPED PUPILS REGISTER

Blind	2	Delicate	18
Partially Sighted	3	Maladjusted	8
Deaf	2	Educationally Subnormal	80
Partially Hearing	9	Epileptic	1
Physically Handicapped	7	Speech Defects	—

SCHOOL DENTAL SERVICE, 1964

Sessions of Dental Officers

Inspections	20
Treatment	949
Administrative	135

Inspections

(a) Number of pupils inspected	2,700
(b) Number found to require treatment	1,854
(c) Number offered treatment	1,854

Treatment

(a) Number of individual pupils treated	1,803
(b) Number of attendances	5,727
(c) Fillings:	
(i) Permanent Teeth	2,476
(ii) Temporary Teeth	1,723

(d) Number of teeth filled:					
(i)	Permanent Teeth	..	..	..	2,125
(ii)	Temporary Teeth	..	..	..	1,488
(e) Extractions on account of Caries:					
(i)	Permanent Teeth	..	..	..	193
(ii)	Temporary Teeth	..	..	..	948
(f) Extractions for other reasons:					
(i)	Permanent Teeth	..	..	..	89
(ii)	Temporary Teeth	..	..	..	203
(g) Other operations:					
(i)	Permanent Teeth	..	..	..	2,626
(ii)	Temporary Teeth	..	..	..	1,105
(h) Analysis of (g):					
(i)	Silver Nitrate	..	..	..	275
(ii)	Scaling	..	..	..	360
(iii)	Others	..	..	..	3,096
(i)	Anaesthetics Administered	..	..	..	267
(j) Orthodontics:					
	Cases commenced during 1964	..	..		43
	Cases completed during 1964	..	..		4
	Removable appliances fitted	..	..		41
	Fixed appliances fitted	..	..		2
	Total attendances	..	..		661
	Number of pupils fitted with artificial dentures				9
	Number of dentures fitted		9

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